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New Surgeon General to Navy Medicine: “Numerous Challenges and Opportunities Ahead”

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By Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery



As I start my journey as the 37th Surgeon General of the U.S. Navy, I thank every one of you throughout Navy Medicine for your leadership and your accomplishments to date. I thank you for your service and the difference you make. I am proud and humbled to take the helm of this 63,000 person organization that is Navy Medicine. Though numerous challenges abound, I sleep better at night given the leadership team I inherited and I want to thank Vice Adm. Robinson and Rear Adm. Flaherty for their service, leadership, and the reputation Navy Medicine has earned on their watch.

However, it is our watch now— yours and mine. In that vein, I would like to share some thoughts and direction with you as we complete the transition with a new leadership team and orient ourselves to the real-time situational analysis of where we are, what we do, and where we need to be going. Headlines evolve daily and we know there will be a shifting landscape and new opportunities as we align ourselves with the strategic imperatives and direction of the Chief of Naval Operations and the Commandant of the Marine Corps. It is our responsibility to take their direction and vision and implement it into what we do each day and how we shape and utilize our capabilities.

Priority Number One – We will drive with strategic vision to a new position in order to maintain the equities and capabilities needed from Navy Medicine. Retreat is not an option.

For those of you who heard my [change-of-command remarks](#), you heard some areas that need our continued emphasis. They are meant to be both strategic and tactical, and my job will be to create traction in them via a headquarters element that 1) Leads, 2) Is responsive to your issues, and 3) Fosters strategic message alignment so you are saying what I am saying. Here is what I outlined...

- Combat Casualty Care / Support of the War Fighter. This is Job #1! It represents a continuum of training from battlefield to bedside to rehabilitative care and support. It

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includes care for the caregiver and leveraging technology to optimize care.

- Readiness – This is our ethos. Whether a kinetic action or humanitarian assistance and disaster response (HA/DR), our hallmark has always been we are already there or we get there soonest! When the world dials 911, it is not to schedule an appointment, and I am proud of the Navy/Marine Corps team and our role in leaning forward in this effort.
- Value. We must look intently at the value of what we provide. Think of the concept of “quality multiplied by capability all divided by cost.” Think of “value,” as the numerator or denominator goes up or down (“juice for the squeeze”). Expect to hear me ask a lot about that. I want that to become part of your battle rhythm in all you do as you evaluate current processes and proposed ones. We will take a hard look at our unique capabilities as well as those we provide with others...and we will talk value as we make strategic/tactical decisions.
- Health Care Informatics. We will not make true headway on the cost or access to health care without continued leverage of IM/IT, both at the micro level (patient care, PHR, Medical Home, etc.) and the macro level (EMR, CPOE, DOD/VA/Referral Care transparency). Good people are doing hard work on this, but make no mistake, get on this bus and create that expectation at the deck plate while I work strategically at headquarters to find enterprise solutions.
- Joint. The synergy of creating efficiencies, removing redundancies, and allowing transparency will elevate care and reduce costs. Joint does not mean loss of identity or service culture. There is amazing joint care on the battlefield and we are seeing joint staffing at major medical centers and within our graduate medical education programs. Joint C2 cannot happen overnight and must grow from the deck plates with coordinated efforts from the services and those best informed to provide input so that more light than heat is generated. This is a strategic issue, but we need your support and alignment.
- Global Engagement. I touched briefly on what we’re doing in theater and also what we’re doing in HA/DR efforts, but many of our other missions are of a global nature and the execution of them around the world is crucial to maintain our positive global footprint. Whether it’s with our research units around the world, or our overseas military treatment facilities, Navy Medicine personnel serve as ambassadors worldwide and we must stay focused on presenting the very best in our pursuit to be a “Global Force for Good.”

Again, it is not my intention to list every single imperative on our plates. If everything is listed as a priority then nothing becomes a priority, so I wanted you to see what the “new guy” feels should be within reach in your strategic/tactical toolbox.

I am excited about the future! I am encouraged by the opportunities and the shaping that will occur as we find our equilibrium with the evolving tactical and strategic imperatives. I am grateful we are shipmates and I look forward to rolling up our sleeves together and doing what we do best providing “World-class Care...Anytime, Anywhere!”

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